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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

Practitioners associated with the Customer Number:

24737

OR

Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

The address associated with Customer Number:

24737

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Fax		

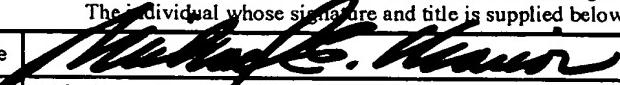
Assignee Name and Address:

KONINKLIJKE PHILIPS ELECTRONICS N.V.
Groenewoudseweg 1
5621 BA Eindhoven, The Netherlands

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date 14 January 2005
Name	Michael E. Marion	Telephone (914) 333-9637
Title	Authorized Representative	

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

10/577397

PTO/SB/96 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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STATEMENT UNDER 37 CFR 3.73(b)

AP20 Per'd PCT/PTO 27 APR 2006

Applicant/Patent Owner: Koninklijke Philips Electronics N.V.

Application No./Patent No.: Concurrently Filed/Issue Date: Concurrently

Entitled: METHOD AND SYSTEM FOR ORGANIZING CONTENT ON A TIME AXIS

Koninklijke Philips Electronics N.V., a corporation

(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. the assignee of the entire right, title, and interest; or2. an assignee of less than the entire right, title and interest.The extent (by percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:

A. [] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B. [] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

2. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

3. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

[] Additional documents in the chain of title are listed on a supplemental sheet.

[] Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

4-26-06

Yan Glickberg, Reg.#51,742

Date

Typed or printed name

(914) 333-9618

Telephone number

Signature

Corporate Counsel

Title

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

OR

Attorney Docket No.	US030440
First Named Inventor	BORIS E.R. DE RUYTER
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR ORGANIZING CONTENT ON A TIME AXIS

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or
Bar Code Label

24737

OR Correspondence address below

PATENT TRADEMARK OFFICE

Name **Philips Intellectual Property & Standards**

Address **345 Scarborough Road**
P.O. Box 3001

City Briarcliff Manor State **NY** ZIP **10510-8001**

Country USA Telephone **914-945-6000** Fax **914-332-0615**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name **Boris Emmanuel Rachmund**
(first and middle [if any])

Family Name **DE RUYTER**
or Surname

Inventor's Signature

Date

18/5/4

Neerpelt

State

Belgium

Belgium

Residence: City

Country

Citizenship

Nieuwstraat 4

Mailing Address

Neerpelt

State

Zip: 3910

Belgium

City

Country

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name **Natalia Andrea**
(first and middle [if any])

Family Name **ROMERO HERRERA**
or Surname

Inventor's Signature

Date

✓

Eindhoven

State

The Netherlands

Chile

Residence: City

Country

Citizenship

Musschenbroekstraat 56

Mailing Address

Eindhoven

State

5621 ED

The Netherlands

City

Zip

Country

Additional Inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION
**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3**

NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Joy Karen (first and middle [if any])		Family Name VAN BAREN or Surname	
Inventor's Signature 		Date 	
Amsterdam	State	The Netherlands	The Netherlands
Residence: City Mailing Address Da Costakade 209 I	Country	Citizenship	
Amsterdam	State	1053 XA	The Netherlands
City	Zip	Country	
NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
City	State	Country	Citizenship
Mailing Address	State	Zip	Country
<input type="checkbox"/> Additional Inventors are being named on the ___ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, DC 20231.

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket NO.	US030440
		First Named Inventor	BORIS E.R. DE RUYTER
COMPLETE IF KNOWN			
<input checked="" type="checkbox"/> Declaration Submitted With Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Application Number		
	Filing Date		
	Group Art Unit		
	Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

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the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number [redacted] **and was amended on (MM/DD/YYYY)** [redacted] **(if applicable).**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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[Page 1 of 3]

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NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name **Boris Emmanuel Rachmund** Family Name **DE RUYTER**
(first and middle [if any]) or Surname

Inventor's Signature  Date 

Neerpelt State **Belgium** Country **Belgium**
Residence: City Citizenship

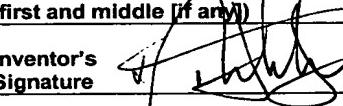
Nieuwstraat 4

Mailing Address

Neerpelt State Zip: **3910** Country **Belgium**
City

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name **Natalia Andrea** Family Name **ROMERO HERRERA**
(first and middle [if any]) or Surname

Inventor's Signature  Date 

Eindhoven State **The Netherlands** Country **Chile**
Residence: City Citizenship

Musschenbroekstraat 56

Mailing Address

Eindhoven State Zip **5621 ED** Country **The Netherlands**
City

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Filing Date	
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Examiner Name	

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			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
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City Briarcliff Manor State **NY** ZIP **10510-8001**

Country USA Telephone **914-945-6000** Fax **914-332-0615**

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Given Name **Boris Emmanuel Rachmund** Family Name **DE RUYTER**
(first and middle [if any]) or Surname

Inventor's Signature Date

Neerpelt State **Belgium** Citizenship **Belgium**
Residence: City Country

Nieuwstraat 4

Mailing Address

Neerpelt State Zip: **3910** Country **Belgium**
City

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Given Name **Natalia Andrea** Family Name **ROMERO HERRERA**
(first and middle [if any]) or Surname

Inventor's Signature Date

Eindhoven State **The Netherlands** Citizenship **Chile**
Residence: City Country

Musschenbroekstraat 56

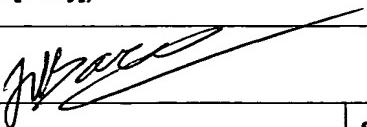
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City

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Supplemental Sheet**Page 3 of 3

NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Joy Karen (first and middle [if any])		Family Name VAN BAREN or Surname	
Inventor's Signature 			Date <u>X 19 - 04 - 2004</u>
Amsterdam	State	The Netherlands	The Netherlands
Residence: City		Country	Citizenship
Mailing Address Da Costakade 209 I			
Amsterdam	State	1053 XA	The Netherlands
City		Zip	Country
NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
City	State	Country	Citizenship
Mailing Address			
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